

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Newton Correctional Facility	
Name of Department or Office PO Box 218	Newton, IA 50208
Mailing Address 641-792-7552 x 411	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes	
Name	
Mailing Address (if different from above) terry.mapes@iowa.gov	City, State, Zip (if different from above) 641-792-7552 x 411
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

New Life Prison Community	
Name	
408 Maple St.	Pella, IA 50219
Mailing Address	City, State, Zip Code
641-204-1954	
Area Code & Telephone Number	
rradmiraal@sbcglobal.net	
Email Address (optional)	

4-25-12 \$1,575.00

Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Communion Table Baptistry to be used in offender religion services

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Diann W. Kler-Tulsen, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Diann W. Kler-Tulsen
 Signature

4-30-12
 Date

Newton Correctional Facility

PO Box 218, Newton, Iowa 50208

[illegible]